

FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or see Block 1)

7590 10/21/2003  
 Jeffrey Thurnau  
 The Gates Corporation  
 Mail Stop 31-4-1-A3  
 900 S Broadway  
 Denver, CO 80209



Note:  
 Fee(s)  
 papers,  
 have it

I heret  
 States  
 address  
 transmittal

**Certificate of Faxing**  
 I hereby certify that this Fee(s) Transmittal is  
 being filed under Rule 1.6(d) by fax to (703)  
 746-4000 on the date of Nov. 13, 2003  
 by Sonja L. Faller

uss of the  
 mpanying  
 ring, must

the United  
 envelope  
 facsimile

Sonja L. Faller (Depositor's name)  
 (Signature)  
 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/616,746	07/14/2000	Sebastian Nick	000-009A	6837

TITLE OF INVENTION: LENS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	01/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DUVERNE, JEAN F	2839	385-120000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. J. A. Thurnau, Esq.  
 2. C. H. Castleman, Esq.  
 3. S. G. Austin, Esq.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Gates Corporation  
 1551 Wewatta Street, 10-A3, Denver, CO 80202, US

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☒ Advance Order - # of Copies 6

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0475 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) [Signature] (Date) NOV. 13, 2003

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

11/14/2003 AMONDAF2 00000030 070475 09616746

01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 18.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 2/3 \* RCVD AT 11/13/2003 5:01:28 PM [Eastern Standard Time] \* SVR:USPTO-EFXXF-2/8 \* DNIS:7464000 \* CSID:3037444653 \* DURATION (mm-ss):01-24



NOV 13-2003 03:58PM FROM-GATES RUBBER COMPANY

3037444653

T-767 P.001/003 F-513



**Th Gates Rubber Company**  
900 South Broadway  
Denver, CO 80209

## FAX COVER SHEET

<b>Date:</b>	November 13, 2003	<b>Time:</b>	2:55 PM
<b>TO:</b>	Box Issue Fee	<b>Fax:</b>	703-746-4000
<b>From:</b>	Jeffrey Thurnau Patent Counsel	<b>Phone:</b>	(303) 744-4743
		<b>Fax:</b>	(303) 744-4653

**Number of pages including cover sheet: 3**

**SERIAL NO.: 09/616,746**  
**DOCKET NO.: 000-009A**  
**FILED: JULY 14, 2000**  
**TITLE: LENS**

**RESPONSE TO: Box ISSUE FEE**

**ATTACHMENTS INCLUDE: PTOL – 85 Part B – Fee(s) Transmittal  
and Deposit Account Authorization**

**PLEASE NOTE:** The information contained in this facsimile is privileged and confidential and is intended only for the use of the individual named above and others who have been specifically authorized to receive it. If the one receiving it is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. Thank you.